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o. 2 ·4-41	II	BOARD OF HEALTH
7-39	ゥら声 SIANDARD CERIII	FICATE OF DEATH State File No. 1271
X29484	Dr Fliavit 100 h 13 1943 Registration District No. Primary Registration Dist	trict No. 448 Registrar's No.
	1. PLACE OF DEATH: SC 86 C Micorly, 9.00	2. USUAL RESIDENCE OF DECEASED:
Q.	(a) County Vanduser , Mo.	(d) State Missouri (b) County Scott /00
201	(If outside city or town limits, write "RURAL" and name of township)	(c) City or town Rural
RE	(c) Name of hospital or institution:	Half Wille South East Vanduser
PERMANENT RECORD	(If not in hospital or institution, write street number or location)	(d) Street No(If rural, give location)
NE	(d) Length of stay: In hospital or institution	(e) Citizen of foreign country? X (Ves or No)
ΜA	In this community	If yes, name country
ER	3. (a) PRINT 7	MEDICAL CERTIFICATION
	Full NAME Jessie Albert Curtis	20. DATE OF DEATH: Month Sept, 30 day
E,	3. (b) If veteran, and an interpretation of the security and the security	year 1943 hour 9 minute OO M.
MAKE A	name war	21. I hereby certify that I attended the deceased from
	5. Color or 6. (a) Single, widowed, married,	, 19, to;
INK	4. Sex race W divorced Married. 6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if	that I last saw halive on
	6. (b) Name of husband or wife DELLA	Immediate cause of death
C	7. Birth date of deceased May 2 1888	
BLACK	(Montb) (Day) (Year)	man untell after south
Ċ	8. AGE: Years Months Days If less than one day	Due to ff & O
UNFADING	55 4 28 hr. min.	hater to Wall to fall to
FAI	9. Birthplace Johnson Co. Ark	Due to Due to The The Table of
NO	(City, town, or county) (State or foreign country)	
USE	10. Usual occupation Farmer	Other conditions
-U	11. Industry or business	Major findings:
7,	∰ 12. Name Unkown	Of operations Underline
Z	[2] 13. Birthplace. Unkown (Gits, byp. or copp.) (State or foreign country)	the cause to which death of autopsy ho should be
WRITE PLAINLY	(Gate or foreign country)	Of autopsy should be charged statistically.
E I	5) 15. Birthplace. In City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:
AIT.	16. (a) Informant Lester Curtis	(a) Accident, suicide, or homicide (specify)
A	(b) Address Chaffee Mo. R.F.D. # 3	(b) Date of occurrence
	17. (a) Burial (b) Date thereof 10/3/43	(c) Where did injury occur?
	(Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation	(d) Did injury occur in or about home, on farm, in industrial place, in public place?
41	18. (a) Signature of funeral director H.W. Albritton	While no work? 1.1.1 Specify type of place)
71	(b) Address Sikeston , Mo.	While at work? (a) Means of Injury
1,, 2	19. (a) (b) A	23. Signature (M. D. or other)
179	(Date received local registrar) (Registrar's signature) (Licensed Embalmer's Str	atement on Reverse Side)
1	, the state of the	· · · · · · · · · · · · · · · · · · ·

STATEMENT BY LICENSED EMBALMER

The character above the hadronshare account		in the second se	
i nereby certify that the body whose name	s recorded on the re	verse side of this certificate was embalmed by me, or by	
working under my personal supervision.		, registered Appletitude 170	*
	,	John Bleute	~

P. O. Address.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply we

Licensed Embalmer No

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

RECORD
ERMANENT
K INK-MAKE A 1
BLACK INK
Y-USE UNFADING BLACK II
AINLY—USE
WRITE PLAINLY—I

No. 2B

I X36930

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI CTANDADD CEDTICICATE OF DEATH

-	P. State	File	Na.	3	ج	7	1
	State	rus	NO	····•		.4	

SIANDARD CERTIF	ICATE OF DEATH State File No. 5	
Registration District No. 332. Primary Registration Distri	ct No. 4489 Registrar's No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(6) County SCAG	(a) State	
(b) City or town (If outside city or town limits, write RURAL, and name of township)		
(c) Name of hospital or institution:	(c) City or town	I"\
	(d) Street No.	. ,
(If not in hospital or institution, write street number or location)	(If rural, give location)	
(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?	(Vet or No
In this community	If yes, name country)
3. (a) PRINT Olsuid herd martin	MEDICAL CERTIFICATION	
	20. DATE OF DEATH: Month	ے
3. (b) If vetering, 3. (c) Social Security	year / 9 4 Mur V milaute	М
name war No	21. I hereby certify that I writened the decree from	
5. Color or 6. (a) Single, widowed, married,		10
4. Sex race W divorced	that Usa say h. Ore on	19
6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred by the date and hour stated above.	<u> </u>
alivealive	Ambredia Caustor Gath Dort The	Duration
7. Birth date of deceased May 2		
(Month) (Day) (Year)	V Heart attack	
8. AGE: Years Months Days Valess than the day	Due to	
5 (- 4/ 50)		
min.	Due to M-M.O.	
9. Birthplace 7	Due to	
· (City, touch, or chunty) (State or foreign country)		
10. Usual occupation	Other conditions (Include pregnancy within 3 months of death)	
11. Industry or business	(Include prefining within 5 months of death) 4 C 4	PRISICIAI
質 (12. Name)	Major findings:	
E{		Underlin
[City, town, or county] (State or foreign country)	Of autopsy	which deatl
14. Malden name		should be charged sta
5 15. Birthplace	22. If death was due to external causes, fill in the following;	tistically.
Z (City, town, or county) (State or foreign country)		
16. (c) Informant	(a) Accident, suicide, or homicide (specify)	*************
(b) Address	(b) Date of occurrence	
17. (a) (b) Date thereof	(c) Where did injury occur? (City or town) (County)	(State)
(Burial, cremation, or removal) (Month) (Day) (Year)	(d) Did injury occur in or about home, on farm, in industrial place, in	public place
(c) Place: burial or cremation.	(Specify type of place)	'
18. (a) Signature of funeral director.	While at work?(s) Means of Injury	
(b) Address	23. Signature MD Us acquelle WiM. D. or	other)
19. (a)	Address Date sign	,
(Tokurier a mineral)	Date aga	<u></u>

No. 2B -5-43 I X36930	DEPARTMENT OF COMMERCE THE STATE BOARD OF STANDARD CERTIFIED		1
	Registration District No. 332 Primary Registration Distric	ict No. 4489 Registrar's No.	
ENT RECORD	1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	2. USUAL RESIDENCE OF DECEASED: (a) State	adva
IAN	In this community	(é) Citizen of foreign country?	(Yes or No)
ACK INK—MAKE A PERMANENT	3. (a) PRINT Je soil Albert Curtis 3. (b) If veterin 3. (c) Social Security name war No	20. DATE OF DEATH, Month wear with the control of t	Дм.
	5. Color of a color of a color of divorced. 6. (b) Name of husband or wife leller. 7. Birth date of deceased. (Month) (Pay) (Pay)	that Light solv h Marky on	; 19; 19; 19; 19;
UNFADING BLACK	8. AGE: Years Months Days Thess than phe days 9. Birthplace Days Wiles than phe days min.	Due to he had a heart	allan
-USE UI	10. Usual occupation (State or foreign country) 11. Industry or busines	Other conditions. (Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
WRITE PLAINLY—	12. Name 13. Birthplace 14. Maiden name 15. 14. Maiden name 16.	Of operations. Of autopsy	Underline the cause to which death should be charged sta- tistically.
	15. Birthplace (City town, or county) 16. (a) Informant Lesler Custion (b) Address Chaffee mo.	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify)	
	17. (a) Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year) (c) Place: burial or cremation. (Month) (Day) (Year) 18. (a) Signature of funeral director. (A)	(c) Where did injury occur?	(State) public place?
	(b) Address Schedule Mui 19. (a) Oct 15-43 (b) Ms. W= Fig. (C) (Data received local resistrar) (Resistrar's signature)	23. Signatur M D. Mayfield (M. D. or Address Vandur M. Date signs	•